PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

AUTHORIZED AND FILED
1997 NOV -6 PM 2:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT '97

SCC11-6-97

DOCUMENT # **710240**

1. Corporation Name

TAVARES JUNIOR WOMAN'S CLUB, INCORPORATED

Principal Place of Business	Mailing Address
P. O. BOX 471 ~~LAKESHORE DRIVE~~ TAVARES FL 32778	P. O. BOX 471 ~~LAKESHORE DRIVE~~ TAVARES FL 32778

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 01/24/1966

5. FEI Number: 59-1779316 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ **$8.75 Additional Fee required for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
~~DV~~ P	QUATTLEBAUM, VIVIAN	10030 STUART PLACE	LEESBURG FL 34788
DV	~~DELECCIA, FAITH~~ Feleccia, Faith	811 MCLAIN COURT	TAVARES FL 32778
~~PD~~ SD	~~MATCHETT, LORI~~ Gordon, Pam	~~1420 PLYMOUTH AVENUE~~ 2680 Palmetto Rd.	~~MOUNT DORA FL~~ Mt. Dora, FL 32757
~~ST~~ T	~~BARTBERGER, LINDA~~ Williams, Lynn	P.O. ~~BOX 73 NA~~ 504 W. Ianthe St	~~EUSTIS FL~~ Tavares, FL 32778
~~ST~~	~~COLLINS, DINAH~~	~~185 OAKSHADE DRIVE~~	~~MOUNT DORA FL~~
~~DV~~	~~UNDERWOOD, SUE~~	~~10801 TREADWAY SCHOOL RD~~	~~LEESBURG FL~~

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8. Name and Address of Current Registered Agent

~~DUFRESNE, BEVERLY~~
~~14324 HUGGINS STREET~~
~~LEESBURG FL 34788~~

Williams, Lynn
504 W. Ianthe St.
Tavares, FL 32778

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City | State: FL | Zip Code

CR2E040 (8/97)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Lynn Williams — REGISTERED AGENT MUST SIGN — Date: 11-4-97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Vivian M. Quattlebaum — Vivian M. Quattlebaum — 11/4/97 — 352-742-6417
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #